

## STATE OF TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE **BOXING & RACING**

 ${\bf 500~JAMES~ROBERTSON~PARKWAY, 2ND~FLOOR, DAVY~CROCKETT~TOWER}$ NASHVILLE, TENNESSEE 37243-1157 PHONE: 615-741-2384

## **APPLICATION**

	TN BOXING & RACING	\$100.00 fee
To The:	500 James Robertson Parkway	
	2nd Floor, Davy Crockett Tower	Date
	Nashville, TN 37243-1157	
The	undersigned applicant submits the following statements ar	d reports of qualifications to be licensed to
perate or con	duct Motor Vehicle Race Track or Drag Races in accordan	ce with Tennessee Code Annotated Section
5-22-101 et.	——————————————————————————————————————	
	(PLEASE PRIN	T OR TYPE)
. Full name	e of race track or drag strip	
2. Phone N	Number of Racetrack:	
Phone n	umber of Owner:	
Nam	e and Address of Individual to mail license/corre	espondence to:
3. Give cor	mplete address and geographical location	
State wh	ether an individual, copartnership, limited partne	
	ed under laws of the State of	
		Date
		tnership, or of officers and directors, if a corporation
,	"Partner" ", "Director")	
	NAME	ADDRESS
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## "OVER"

8. State whether operation is a race track or drag strip	
a. Please attach schedule of activities:	
9. The applicant shall carry insurance to protect the general public. Each countersigned by a Tennessee Resident Agent. State below the amorpany and countersigning agent. Address of each:	
A certificate of insurance shall be filed with the <b>Department of Insu</b>	urange by the corrier in the form
designated by the Department.	mance by the carrier in the form
<ol> <li>In consideration of the approval of this application, the applicant her</li> <li>a. That the license to operate a race track or drag strip may be rev</li> <li>the Director Regulatory Board in accordance with Chapter 534</li> </ol>	oked or suspended for good cause shown by
b. If for any reason the insurance policy is canceled or amended, so must be given as required by the provisions of the certificate of Signed	
Ву _	Name of Applicant
AFFIDAVIT	Official Position
STATE OF (The person subscribing to himself; or if the applican	to the affidavit below should be the applicant at be a partnership, one of the partners; or if ation, its President, Vice President, Secretary
	t being sworn on oath, deposes and says that he in named, and that he is acquainted with the
affairs of said applicant, to which the representations and statements set has read said application, knows the contents thereof and that said reprare true to the best of his knowledge, information and belief.	forth in the foregoing application relate; that h
(Affiant's Signature) Subscribed and sworn to before me at,	(Official Position)
Tennessee, thisday of	, A.D. 20

_		Notary Public
My Commission expires	_ 20	